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HOMŒOPATHY.

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THE EFFECTS OF MODERN THERAPEUTIC RESEARCHES ON THE POSITION OF HOMŒOPATHY.

ONE of the best essays ever written on homœopathy by an outsider was that of Dr. Samuel Brown, the brilliant chemist of Edinburgh, who was cut off in early life. He wrote in 1843 *On the Theory of Small Doses*, treating the subject from a purely scientific aspect.

What he then said about the difficulty of the acceptance of our views by the general profession still holds good. "It is," he says, "the insensible medicines the profession fights against, and with good reason, till they be rendered welcome to the mind by some theoretical light and likelihood thrown round the exhibition of them. The advocates for homœopathy must harmonise the principle implied in their practice with invisibles, with the general theory of nature, so far as that has yet been discovered and received."

It is with that object I would approach my subject, and see what light has been thrown upon it by recent work.

Hahnemann's views of the action of drugs were not fully put forward till the beginning of this century. In 1805 appeared his *Medicine of Experience*, and in 1810 *The Organon of Rational Medicine* was published.

The great central truths which he there enunciated, and which we still maintain, were based upon Francis Bacon's true methods of scientific enquiry, viz., by observation, experiment and induction, and shortly were these :—

1. The demonstration by evidence of the therapeutic rule, *similia similibus curentur*, let likes be treated by likes.

2. The necessity for ascertaining the effects of medicines upon the healthy human body.

3. The administration of medicines in disease singly and alone, and in the precise form in which they had been proved.

4. The diminution of the dose for the purpose of avoiding its too violent action.

These rules contain what are for us the essentials of the principles for which we have been fighting through the century ; later in life Hahnemann enunciated his views on chronic diseases, dynamisation of medicines, some of which were carried still further by his followers. These being easy of attack have naturally been seized upon by our opponents for objects of ridicule. Whether true or not (and no one who has read enough of Hahnemann's writings showing his acute powers of observation will lightly pass over any of his teaching) they do not influence our present position.

While some maintain that homœopathy is limited to the question of drugs, we should, I think, claim for it a much wider field than this, and if there is a law at all, it must be true of all stimuli that act upon the organism, whether chemical, mechanical, thermal, photic or electrical, including thus all forms of energy that come into relation with the organism.

The importance of this view is very great, and it has been well brought forward by Dr. Percy Wilde in a paper on *Similar and Contraries*,* in which he says, "My own studies of the laws of similars have been purely physiological, and as a result I am prepared to state that the rule *similia similibus curentur* represents a law of nature, and is of universal application within its own limits. It is a law which guides the practitioner to the remedy after the cause of the disease has been removed."

"No one will," he says, "wish to deny the value of the law of contraries applied within its own limits, while the law of similars is rendered indisputable, when it is stated as a whole instead of a partial truth, and in terms which are physiologically intelligible."

* *Similar and Contraries*, by Percy Wilde, M.D. *The Monthly Homœopathic Review*, March, 1896.

Homœopathy is then, directed to bringing distinct law into the use of drugs as therapeutic agents. In the same way the system of Swedish medical gymnastics introduced by Ling and Branting is based upon strict anatomical and physiological facts. It has recognised, for instance, the influence that may be exerted upon the nutrition of cells by mechanical movements; how light pressure applied to a nerve acts as a stimulus, when more severe causes paralysis, etc. In *Kinésithérapie** by Georgii, published in 1847, attention is drawn to the necessity of employing chemical agents in moderate doses, intended only to bring about reaction after the law of Hahnemann, and that the truth of this law has been already proved by the employment of the three kinds of agents, chemical, physical and mechanical.

Electricity is still too much used in the treatment of disease in an empirical way, and hence the failure to obtain from it the results which we all feel sure ought to be possible from such a powerful agent. In a recent pamphlet (not homœopathic) on electrical treatment, the author writes: "The reason of this failure is plain enough; it is because in their efforts they did not endeavour to follow nature. Instead of the minute currents similar to those by which every function is fulfilled, they used relatively enormously strong ones; opposing forces which should have been supplemented, and supplementing forces which they should have opposed; they applied their batteries at random instead of realising in the slow and gradual methods of nature the effects produced by influences extending over long periods."

The charge which has often been made against us of neglecting pathology has been frequently met, and Dr. Galley Blackley in his presidential address at the Congress of 1894 dealt ably with this point.

With regard to surgery, and the popular idea that homœopathy does without the knife, we ought to be very clear in our own position, and remember the large class

* Note to page 105.

of cases where mechanical interference is necessary—the use of drugs covering only a part of our work as medical men; and while every effort should be made to limit the need for operative interference, we should rejoice in the progress made by surgery, and give full credit to those by whom it has been brought about.

Dr. Mason in his paper on *The Relation of Surgery to Homœopathic Therapeutics* will deal with this question this afternoon.

In the use of palliatives, for in spite of the views that some hold that no one deserving the name of homœopath would make use of such means, those amongst us who find that we do sometimes need them may find some comfort from the words of Hahnemann*: “I am not ignorant of the great value of palliatives. For sudden accidents that tend to run a rapid course they are not only quite sufficient, but even possess advantages where aid must not be delayed an hour, or even a minute.”

In hygiene we have not, I think, been behindhand, and we may point with pride to what has been accomplished by one of our members, the late Dr. Mathias Roth; work which has never received the credit which it deserves, viz., the introduction of physical education as a part of the curriculum of the Board Schools.

In 1854 he made an appeal to Lord Granville to induce the Education Department to promote the physical training of the young.

He persevered in his efforts, in spite of want of success, and in 1879 published a pamphlet teeming with facts of the greatest importance, entitled *On the Neglect of Physical Education and Hygiene by Parliament and the Educational Department*.

Soon after this he gave lectures on physical education and instruction as to methods of carrying it out to some of the teachers of the London School Board, and before his death had the pleasure of seeing his views adopted, and carried into practice.

* *Hahnemann's Lesser Writings*, p. 618.

The results will be of untold benefit to future generations if it is carried out systematically.

Of what Hahnemann had to contend with at the beginning of the century, and the courage necessary to follow in his steps, we can now have little idea. The difficulty of overcoming prejudice could not be better illustrated than by the paper read by Professor George W. Balfour at the meeting of the British Medical Association, held in Edinburgh last year—*Personal Experiences of an almost forgotten Episode in Medical History*.

In this he narrates his experiences when he went to Vienna in 1845 to study homœopathy in consequence of Professor Henderson having professed his belief in it. He was astonished to find cases of true pneumonia making excellent recoveries under Fleischmann's treatment with infinitesimals, but as he saw the excellent results which Skoda was getting at the same time, only using an infusion of hay, he came to the conclusion that, as Skoda put it, "Pneumonia tended to resolution, and that the large blood-lettings thought necessary for the treatment were, to say the least, uncalled for," and that Fleischmann's results were not from his medicines, but simply from expectancy. On returning to Edinburgh he read a paper showing that Skoda, with his expectant treatment, had a mortality of 13.7 per cent. in pneumonia, while in Edinburgh the same class of cases, with the advantage of having been freely bled, gave a mortality of 35.9 per cent., showing a proportion of recoveries of nearly 3 to 1, or over 20 per cent. in favour of those who were not bled, to say nothing of the time gained by their more rapid recovery, or of the less exhausted conditions in which the patients were left, whereby they were sooner fit to return to the active duties of life.

Dr. Balfour urged upon the Society the importance of giving the expectant system of treating pneumonia a fair trial, but he was met with the true British prejudice to anything new, and his words fell on deaf ears, and the

conclusion arrived at may, he says, be well summed up in the words of one of the ablest physicians of the day, Dr. John Gairdner: "Nothing was better established than the good effect of blood-letting in Edinburgh whatever might be the case in Vienna. Of the benefit of early blood-letting he entertained no doubt whatever; they were positive, immediate, unequivocal, and admitted by almost every physician whose experience and judgment entitled him to consideration, and if Dr. Balfour, or any one else, could shake his conviction in the truth of this opinion, he would also succeed in producing in his mind a general mistrust of medical evidence in all cases of every description, since in no case whatever can we have evidence which is stronger or more satisfactory."

This paper was read in Edinburgh in 1846, nearly fifty years after Hahnemann's enunciation of his views, and Dr. John Gairdner may be taken as typical of the orthodox physician of the time, to whom such views, meaning a complete revolution of all they held most sacred in medicine, were so absurd that any accepting them could only be looked upon as lunatics.

The late Professor Henderson* at the time ably criticised Balfour's paper and showed that under homœopathy not only was the percentage in pneumonia better than under the expectant method, but that the time occupied in recovery was less; and we certainly may claim that it was the influence of Hahnemann's teaching that led Skoda and the Vienna school to try the expectant method.

Hueppe, whose work on bacteriology I shall refer to later, says: "The Viennese school, which Hahnemann still dominated, lapsed into giving nothing at all to the patient, and rested content with observing the course of the malady."

Professor Balfour makes no reference to Fleischman's treatment of cholera; for the superiority of homœopathic treatment has been well shown in this disease, and it was in this that it may have been said to have won its spurs.

* *British Journal of Homœopathy*, 1852.

Dr. Fleischmann in 1836 treated 732 cases of cholera, with a mortality of 33 per cent., while the average mortality in the other hospitals during the same epidemic was about 70 per cent. In consequence of this the existing laws against the practice of homœopathy were repealed in Austria. In the outbreak of 1854, 61 cases were treated at the London Homœopathic Hospital, with a mortality of 16.4 per cent. The same success was shown in the treatment of yellow fever in the Southern States of America in the outbreaks of 1853 and 1878. The actual figures are given in the *Monthly Homœopathic Review* for 1879.

At the International Congress of 1896 Dr. Walter S Mills, U.S.A., gave us the following figures, which were collected from the hospital records of the previous year, and under conditions which corresponded as nearly as possible. He reported that

50,405 patients treated in allopathic hospitals gave
5,204 deaths, a mortality of 10.32 per cent.

19,549 patients treated in homœopathic hospitals gave
1,363 deaths, a mortality of 6.97 per cent.

A difference in favour of homœopathy of 3.35 per cent.

Major Deane, R.A.M.C., is now trying in India what homœopathy can do against plague. The mortality under ordinary treatment may, he says, be anything from 60 to 95 per cent. From 70 to 80 per cent. seems to be about the average. Five hundred cases which he treated himself gave a mortality of 54 per cent., and last week he sent me full notes of his last nineteen consecutive cases, with six deaths, as the result of his more mature experience, and this mortality of 31.11 he believes could be maintained.

Major Deane has been making use of hypodermic injections of the snake poisons, *crotalus* and *naja*. It is interesting to notice that the poison of these snakes, which have been long used by homœopaths for septic conditions, as well as the poison of some mushrooms, is a tox-albumen similar to the toxins of some of the pathogenetic bacteria.

PRESENT PRINCIPLES OF DRUG THERAPEUTICS.

Of late years we hear of the great progress that is being made in therapeutics by the old school, and that a new science, that of pharmacology, has arisen. Pharmacology is defined by Professor Fraser of Edinburgh as "the science of the action of remedial substances, which deals with the changes produced in normal physiological conditions by the influence of substances used as remedies. It concerns itself with elucidation of the changes and what remedies do," in other words what we mean by our "provings." Pharmacology cannot be made clinically useful beyond the sphere of palliatives without the aid of the principle of homœopathy; that there is need for a guide to the use of remedies after their action is found out is being well illustrated.

In the *Medical Annual* for 1899 Dr. William Murrell writes the review of therapeutic progress for 1898, and says, "Apart from researches on toxins and serums, very little pharmacological work has been done in Great Britain during the last year. Pharmacology is temporarily under a cloud, and we may have to wait for some years for a revival in this industry."

This is candid, but only shows what we must expect from pharmacological experiments carried out as they are at present, and used without any principle connecting drug action with disease processes. As Dr. Bristowe said at the Ryde meeting of the British Medical Association, "We must admit the truth of the homœopathic relation between drugs and diseases before we admit the special value of investigations conducted only on the healthy body."

In the *Harveian Lecture* for last year Dr. Ewart says: "Since the physiological effect of individual drugs has become matter of demonstration, it is no longer the power of medicinal agents which is doubted by some, but the wisdom of utilising that power lest it prove to be a double-edged weapon, as in the case of narcotics and of other drugs."

At the time of the Jubilee Mr. Malcolm Morris published in the *Nineteenth Century** an article on "The Progress of Medicine during the Queen's Reign." The improvements which surgery, physiology, pathology, diagnosis, and sanitary science can boast are marvellous, but we cannot say as much for therapeutics. There has undoubtedly been a great improvement from a negative point of view; as Mr. Morris says, "there is much less drugging than there used to be; moreover it is better directed." There is little in his list to equal the triumphs which surgery has achieved in the same time, and the multiplication of chemical products which are put upon the market only partially tried, is not an unmixed blessing. The use of them by the public direct from the chemists increases steadily, and makes one inclined to agree with the remark that a well-known Scotch physician of the old school made to me some years ago, that, in his opinion, as the result of forty-five years' experience, he believed that the drug shops were doing as much harm as the dram shops.

In that splendid work, *The System of Medicine*, edited by Clifford Allbutt, now being published, we find again, that in every department there is wonderful progress in the knowledge of disease, but no such satisfactory progress in the treatment, so far as this is concerned with the employment of drugs.

Dr. Leech's article on the "Principles of Drug Therapeutics" is most disappointing, showing how little progress has yet been made.

In the paragraph headed "Principles on which Drugs are Selected, or Rational Therapeutics," he says, "When a case of disease presents itself for treatment, the first step is to determine whether any drug be known which has cured an exactly similar case."

"If no such drug is known, one of two plans is adopted. We may select a remedy on the ground of analogy, because it has done good in an instance so like the present one, that it may be reasonably expected to

* May, 1897, and in *Homœopathic Review*, June, 1897, p. 329.

be again of service. If experience and analogy fail, recourse must be had to such pharmacological knowledge as we may possess, that is, we may select a drug capable, directly or indirectly, of causing the return of one of the abnormal tissues and organs to a normal state."

"Whether a drug be selected in the first place on analogical or on pharmacological grounds will largely depend upon the bent of the observer. Some see analogies quickly, others more readily resort to reasoning. The same treatment may result from either attitude of mind."

This may be rational therapeutics to some minds, but its ambiguity is sublime, when we consider that it is dealing with questions of life and death.

Progress has certainly been made on antipathic lines with palliatives, such as amyl nitrite, phenacetin, sulphonal, and many others, and likewise in lessened dose, and giving one medicine at a time. Mr. Malcolm Morris, in an address on "The Use and Abuse of Internal Remedies in the Treatment of Skin Diseases," published in the *Lancet* of October, 1898, speaks of the evils of poly-pharmacy in a way that would have rejoiced the heart of Hahnemann. "Nothing," he says, "has probably hindered the progress of therapeutics as much as poly-pharmacy," and he makes use of the old illustration of the charge of small shot.

The adoption of homœopathic remedies by the old school has gone on steadily, any explanation but the right one being given for their use.

Instances of this are the use of aconite in pyrexia, arsenic in gastritis, cantharis in nephritis, corrosive sublimate in dysentery, ipecacuanha in vomiting, bichromate of potash in gastric ulcer, and many others too numerous to mention.

It is strange to think that in a profession like ours the reason why such treatment is not much more general is, that when medical men find out the value of such remedies they are afraid, as Sir Samuel Wilks wrote in the *Practitioner* of December, 1868, to advocate

it too openly lest their names should be associated with homœopathy.

So far no mention has been made of the department where activity has been greatest in the last few years, and which has added so largely to our knowledge of disease, viz., Bacteriology and Serum-therapy, and from which, strange though it may at first appear, more light is being thrown upon Hahnemann's teaching than from any other source.

Dr. James Johnstone, in his able paper "On Serum-therapy and its Relations to Homœopathy," read at the Annual Homœopathic Congress held at Bristol in 1897, was among the first to emphasise this.

His paper was published in the *Monthly Homœopathic Review* for November, 1897, and in the same number Dr. Hervey Bodman has a most interesting letter upon the address given by Dr. Leech, at Montreal, in the capacity of President of the Section of Pharmacology and Therapeutics, "On the Mode of Action of Medicines," and shows that if Dr. Leech's views on the action of drugs are carried to their legitimate conclusion, "he has established the reasonableness of belief in the law of similars; we might go farther and say that if his arguments are right, that he has demonstrated the truth of the law of similars."

Dr. Proctor, in his brilliant presidential address at Clifton, said, "It looks as if our nominal opponents had a boding sense that at any moment the veil that hides the operation of the small dose may be lifted, and homœopathy be seen to stand forth a self-evident scientific truth."

Striking evidence of this is given in a work on the *Principles of Bacteriology*, by Dr. Ferdinand Hueppe, professor of hygiene in the University of Prague, which has just been translated by Dr. E. O. Jordan, assistant professor of bacteriology in the University of Chicago. Before quoting any extracts from this work let us consider what we know about the action of a drug in curing a disease.

According to Hahnemann* “homœopathy knows that a cure can only take place by the reaction of the vital force against the rightly chosen remedy that has been ingested, and that the cure will be certain and rapid in proportion to the strength with which the vital force still prevails in the patient.”

The phrase “vital force” is here used as a general expression for the energies resident in living matter, which even now we do not understand, and this is the view that Dr. Johnstone brought forward in his paper on serum-therapy, viz., “that that drug which pathogenetically is as near the simillimum of the disease as it is possible to be, acts in some dynamic way upon the tissues of the body, and more particularly upon the diseased tissues, and thereby (1) either excites the cell to increased resistance against, or (2) antagonises and cancels the morbid agent.”

“In whatever way we look at it there can be no doubt that the action centres round the protoplasmic units, the cells of the organism.”

For a cure by a drug we cannot have a better example than the action of quinine in malaria, but the same would hold good of any of the medicines known as specifics, where the cure is brought about without the need of developing symptoms due to the physiological action of the medicine.

Dr. Latham used to refer to the action of quinine in malaria as the cardinal instance of the “cure” as distinguished from the “treatment” of disease.

Professor Hueppe’s remarks bearing on these points are so clear and so important, and follow so closely our own standpoint, that I quote them very fully, although I may say here that I have not picked out this work because I found it supported our views, but because it is considered to be the best work on the principles of bacteriology. In the review of it in the *Lancet*, it is described as “the work of a master.”

* Preface to *Organon*, page 20.

He begins his chapter on "Curing by combating the Cause" * by misrepresenting our views.

In speaking of the treatment of malaria by quinine, of syphilis by mercury, and rheumatism by salicylates, he says :

"Indeed the reproach of the homœopathist is that with the ordinary large doses of medicine that are given we do not effect a cure but merely increase the suffering of the patient by superinducing a disease due to the drug. It is, however, noteworthy that under such treatment malaria patients do get free from malaria and become perfectly well, and that the rheumatic patient gets rid of his painful joints and swellings, and is able then calmly to discard his salicylates. There must obviously be something wrong with the homœopathist's explanation."

There is obviously something wrong here, but the error lies in Dr. Hueppe's statement of our views, and one would little think from the way he puts it that our whole principles are based upon Hahnemann's observations of such specific action as he here gives, and that it is due to Hahnemann's teaching that the superinducement of a drug disease is now avoided, while the curative action is maintained. And we maintain that the dose to be used may be as large as is found to be necessary, so long as you stop short of this drug disease, which is a real danger.

He next goes on to say, in reference to the action of specifics, like quinine and the salicylates :†

"It has been too much assumed that such substances act antiseptically, and that their efficiency in the body is due to the fact that they destroy the parasites, that they bring about an internal disinfection.

"As a rule, however, antiseptics and disinfectants in general are more powerful poisons towards the sensitive body cells than towards parasitic microbes, and for the cause of the cure we have again to look for the action of

* *Principles of Bacteriology*, page 275 (Hueppe).

† Hueppe, p. 280.

the remedy in stimulating the cells of the human body, perhaps that of the blood, and thus effecting a specific counteraction."

Continuing, he says: "The question may well be asked, therefore, whether quinine is not efficacious in quite a different way from that commonly supposed, since it neither paralyses nor kills the parasites."

"The latter effect would demand relatively large quantities; the cure of malaria can be brought about by small quantities. Now we know that small quantities of a chemical substance can act in a very different way from large quantities."

"This important empirical fact was for a time almost wholly lost sight of, and only the significance of large doses was appreciated, until Hahnemann attracted attention again to the value of small doses."

"Even the childish extravagance which found vent in homœopathy could not impair the sound kernel of truth which the doctrine contained."

"In more recent times accurate investigation along this line has been carried on by Nothnagel, H. Schulz and Hueppe. It is now evident that we have not to deal with any mystical 'potentialization' with the supposed fact that a remedy becomes more potent the more it is diluted, but with a fundamental biological law, which Arndt, Schulz and Hueppe first expressed as follows: 'Every substance which can paralyse or kill any cell or cell protoplasm can also act in small quantities (on the other side of an indifferent point) as a stimulus to cell activity. The absolute quantities leading to such effects are very different with different substances.' "

"From a consideration of this law, to which there is no exception, and because of a recognition of the important fact that when the cure of malaria is brought about with so-called large doses of quinine the substance is actually present in the blood in smaller amount than is requisite for the paralysis or destruction of the malarial parasite, some investigators have come to the conclusion that quinine cures because the small doses

stimulate the cells of the human body, perhaps those of the blood, and thus effects a specific counteraction."

"If proper quantities be selected, the stimulative effect of small doses must, theoretically at least, be brought into play without any such poisonous effects as might possibly follow from large doses."*

"The cure is consummated without poisoning, without causing a drug disease, it is effected by the intervention of the body cells. The remedy heals simply because it acts as a stimulus, and temporarily exalts the natural forces of the organism."

"If the cells of the human body are affected more seriously and in larger numbers by some very severe attack, then stronger stimuli, that is to say, larger amounts of the drug, are needed. In such cases the poisonous action of the drug usually becomes manifest also, or it may happen that the stimulus fails to act because it is applied too late, and is hence unable to affect many points. The full utilisation of simple non-poisonous means of cure needs, therefore, the use of only small quantities of any remedy, and consequently necessitates that treatment should be applied as soon as possible. The same is true of every casual method of healing disease."†

Further on he says: "Chemicals often show closer relationship to certain tissues or cells than to others, without our being compelled to assume a true specificity, a fitting of molecule to molecule. Add to this that every stimulus acts more intensely upon an accessible tissue which is already over-stimulated and diseased than upon the corresponding sound tissues or cells, and it will be seen that for this reason much smaller quantities of medicine are necessary than when it is a question of killing parasites in the body."‡

Professor Hueppe also lays stress upon the point, "that disease is a process, and that we have to treat individuals, not the disease. And that disease germs must not be

* Page 284.

† Pages 284 and 285.

‡ Page 290

considered as the cause, but that the true internal cause is to be found inherent in the internal organisation of man. Just as in all natural processes, without exception, where the disease germs act as liberating impulses and are able to set free only what in the form of a pre-disposition towards disease is in some way prefigured both in nature and amount in the human body.”*

He also refers, in speaking of the vital phenomena of bacteria, to the interesting discoveries of Naegeli, “that a mere trace of metallic copper proves fatal to algal protoplasm, such an action being called oligo-dynamic. Similarly he says Miller and Behring have found that metallic gold and copper can arrest the development of bacteria, although no perceptible trace of the metals goes into solution.”†

We see in this that Hueppe, arguing from the facts of bacteriology, has arrived at the truth of homœopathy, and that what holds true of living microbes is equally so of chemical products, that drugs cure a disease by causing the reaction of the tissues against the rightly chosen remedy, and that to bring this about the medicine to act as a stimulus must be given in small doses.

It is interesting to notice in how many points Professor Hueppe confirms Hahnemann’s teaching. First of all there is the broad question, that we have not to consider so much the action of the drug, which is in reality only a stimulus, but what is the reaction of the tissues against such a stimulus, and this brings forward the disputed question of vitalism. Hahnemann may not have been right in speaking of vital force, but by neglecting the peculiar properties of living tissues great error has been fallen into. For the greater part of this century it was considered that physiological phenomena were to be explained on the ordinary lines of physics and chemistry. Professor Huxley’s *Elementary Physiology*, published in 1868, is full of these mechanical theories which late researches have completely upset, and for those who, like myself, were

taught that Huxley might be absolutely relied upon, and that nothing could shake his observations, which were based upon facts, it is instructive to read such a paper as that of Professor Haldane (lecturer on physiology, Oxford) on "Vitalism," published in the *Nineteenth Century*, 1898, in which he says: "In connection with physiological oxidation, as with growth, nutrition, excretion and absorption, the attempt to analyse life into constituent physical and chemical processes has thus failed completely, and only serves to show how in the absence of experimental evidence even the ablest and most clear-headed men of science may be led astray by preconceived ideas."

On the question of the dose Hueppe is also equally clear, viz., that a small dose acts as a stimulus without having any poisonous effect, but that if we go beyond a certain point we get injurious action from the drug itself. This is simply our rule to stop short of aggravation, and much as we could wish it, we can give no further solution of the vexed question of dose, and it is not one which can ever be fixed on hard and fast lines. Hueppe remarks that disease is a process, and that we have to treat individuals, not the disease; and this corresponds to Hahnemann's saying, "there are only patients, not diseases."

Drugs vary infinitely in their properties, and the patient is never a fixed quantity, so it must be left a matter for experience. Hueppe sneers at the childish extravagance of mystical potentialisation, but does not clear matters up by quoting the experiments of Naegeli.

There is not time to give any detail of these experiments, which have since been repeated by many others, and found to be accurate; a short account of them by Dr. William Wesselhoeft, of Boston, was published in the *Homœopathic World* for November, 1898.

The experiments are in a line with those of Darwin on the "Drosera plant," and had their origin in the revelation that water drawn from a brass faucet, or water distilled in copper vessels, had a fatal effect upon

algæ. He distilled one litre of water in glass retorts, suspended four clean copper coins in this water during four days, and found that this solution killed his plants in a few minutes. When this water was poured away, the glass rinsed and washed carefully and again refilled with neutral water, the plants also died in a very short time. If, however, the glass was washed out with diluted nitric acid, and refilled with fresh neutral water, the plants flourished and remained healthy. Again he found that this oligo-dynamic water poured into a new clean glass transferred its poisonous properties to the walls of the glass, and in turn was again able to medicate neutral distilled water.

Naegeli gave the name of Oligo-dynamis or "The Power of the Minute" to this poisonous property which exists long after all chemical trace of the metal has been lost.

Such action lies between a proportion of copper of one part in a hundred million parts of water and one in a thousand million parts of water.

It is interesting to note here the use that has been made of copper in the treatment of cholera, a new light having been thrown upon it by this power of killing minute living organisms.

Physiology has for a long time shown that the cell is the structural element of the living body, the elementary organism in which the vital processes have their seat, and hence the investigation of such phenomena must take place in the cell.

One of the last works on *General Physiology*, that by "Max Verworn," translated by F. Lee, is devoted entirely to cell physiology, and gives the results of a large number of researches, upon the reactions that appear in the living cell, upon the employment of chemical, galvanic, and other stimuli. He gives the same law of stimulation and depression as Hueppe, and also enters upon the question of the effects of the interference of two different stimuli.* He states it thus, that "If two stimuli of medium intensity produce effects

* Verworn, page 492.

of the same kind, for example an excitation, and act upon the same components of biotonus, the general result will be a summation of the excitations; for instance, through the action of an exciting stimulus, such as a chemical or thermal stimulus upon a nerve, the irritability of the latter towards a second, such as a galvanic stimulus, is increased, and the latter causes a greater reaction than if it had been employed alone. A contrast to this is afforded by the phenomena that result when living substance is acted upon by two stimuli that work in opposite senses, upon like components of biotonus, one depressing and the other exciting. The usual result is a decrease of irritability. For example, if a narcotic be allowed to act upon a cell, or if a cell be depressed by over stimulation, every exciting stimulus will produce a smaller reaction than if it had acted alone; under certain circumstances the cell will be completely inexcitable."

The first of these illustrates the action of a drug similar in character to the disease stimulating the cells to increased resistance, the second shows that from the opposite actions of two stimuli we get depression.

It is still, however, an open question whether the result that follows from the actions of similar stimuli is due to increased resistance overcoming them both, or whether it may not follow from the one neutralising the other.

The law that under certain conditions similars tend to cancel is a widely distributed law, and examples occur throughout the range of physical science. The most notable is the discovery of Bunsen and Kirchoff in the examination of the solar spectrum. These distinguished scientists found that rays of light of a certain wave length are exactly neutralised if projected through the rays of a similar wave length, and the blackness of darkness ensues.

Dr. Thomas Young, the famous physicist of the earlier part of this century, enunciated the law as "the law of interference," of which many examples might be cited.

There is the well-known experiment in acoustics, that there are four positions in which the vibrations of a tuning fork are inaudible, owing to the undulations proceeding from the two legs arriving at the ear at intervals of half a wave length, and thus not intensifying, but neutralising. There is a very striking experiment in optics, where rays of light from two separate sources when projected on a screen will exactly neutralise and produce areas of darkness where the two sets of undulations mutually interfere.

Dr. Percy Wilde has given examples of the law in physiology and shown us the neutralising values of heat and cold when applied to similar states of the organism.

There was little in this world that escaped Shakespeare, and he alludes often to the same principle—for instance :—

“Take then some new infection to thine eye,
And the rank poison of the old will die.”

Many of the points which have been under consideration have been well brought out by members of our own body, and I would like especially to refer to what has been written on specifics by Drysdale, Dudgeon, and Hughes—in fact Hueppe's remarks on the action of quinine in malaria might have been copied from Hughes' *Pharmacodynamics*; but I have quoted almost entirely from our opponents' literature, and we see that pharmacology on the old lines is “under a cloud” according to its own supporters; but they are now preaching one medicine at a time and much less of that, for instance Hutchinson's use of mercury in syphilis, and Professor Balfour's use of arsenic in heart disease in what he calls infinitesimal doses.

From serum-therapy we certainly have got a valuable remedy in the antitoxin for diphtheria, but we must not be too much carried away by the success which it has so far undoubtedly achieved, for it is still on its trial—there may be dangers lurking in connection with it of which we are not yet aware. Bacteriology has led to a more careful study of life in its early forms and has taught us much about the causation of diseases and how nature

overcomes them, and from all this we may assume it as proved, that we have been working on absolutely sound lines and may draw the conclusions :

1. That different tissues of the body have selective affinity for different drugs, and that this can only be found out by the proving of drugs on the healthy body.

2. That in disease we have not to deal with an entity, but with a process, and that symptoms are the outcome of the struggle of the organism with a new environment.

3. And that to remove these symptoms, or to cure, a drug must be used which has an affinity for the diseased tissues and is able to cause symptoms similar to the disease, and that "a specific is a remedy which cures with the absorption of its whole physiological into its therapeutic action," *i.e.*, there should be no surplus of physiological action.

At the present day these do not seem to be such terrible doctrines that those putting them into practice should be excommunicated by the rest of the profession ; but such is the case, and our conduct is considered to be so infamous that no medical man can meet us in consultation, nor are we allowed to enter any medical society or to have our papers published in the ordinary journals. It is of no use for the so-called orthodox school to put up what they call homœopathy and be satisfied when they have knocked *that* to pieces. We who practise it are the right ones to define it, and we have been fortunate in England in having such men as Drysdale, Madden, Black, Dudgeon, Pope and Hughes to state our views ; and above all are we fortunate in the way that they have done it, for while they have been subject to abuse and insult of all kinds, in all their writings you will find nothing but good taste in their answers to their opponents.

Homœopathy has been a *chose jugée* to the general profession ; they would not even allow the "kernel of truth" which it contained, and in consequence they are now sectarian while we have perfect freedom—we simply desire for our therapeutic principle its true place in medicine, whatever that may be. We hold no exclusive dogma,

but are quite prepared to give up any doctrine at present held by us as soon as further discovery shall show us something better ; but that time has not yet come, and we must still fight for the freedom to practise what experience has taught us to value.

It is often said that there is very little difference now between the two schools ; but there is this essential difference, viz., that homœopathy recognised and still maintains that there are definite laws which regulate the choice of medicines, and from these strict rules have been deduced for practice ; the predominant school on the other hand have so far not brought forward any general laws, without which medicine cannot be placed on a line with other sciences.

The whole art of medicine is summed up in the one problem : How to restore its normal power to each diseased cell. From the law of stimulation, which George Henry Lewes expresses as follows :—“ A faint or moderate stimulation increases the activity of the organ ; but beyond a certain limit, increase of stimulation diminishes and finally arrests the activity ;” we here get the exact position of similars and contraries. On the one hand, a small dose of a similarly acting remedy is a stimulus and causes a specific counteraction, and the curative effect is brought about without any injurious action of the drug.

On the other hand a large dose of even the same remedy acts as a contrary, and depresses or paralyses the functions of the cells, and if this is continued the injurious action of the drug is produced. The contrary action has its place in treatment, but does not cure in the sense that Hahnemann used the term.

Looking back over the century we see medicine gradually giving up the heroic treatment and recognising the value of one medicine at a time, and that in much smaller doses, and we see it also recognising the necessity for finding out the action of drugs by pharmacological experiments, thus drifting, unconsciously as it might seem, towards the principles which Hahnemann was the first to lay down, and which are now found to fall into a line with modern physiological work.



